

RIVER'S BEND HEALTH/REHABILITATION

960 SOUTH RAPIDS ROAD

MANITOWOC 54220 Phone: (920) 684-1144

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 99

Total Licensed Bed Capacity (12/31/03): 99

Number of Residents on 12/31/03: 98

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 97

Limited Liability Company

Skilled

No

Yes

Yes

97

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.4	
Supp. Home Care-Personal Care	No					1 - 4 Years		41.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	1.0	More Than 4 Years		19.4	
Day Services	No	Mental Illness (Org./Psy)	15.3	65 - 74	8.2			----	
Respite Care	No	Mental Illness (Other)	10.2	75 - 84	39.8			83.7	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.1	95 & Over	11.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	14.3	65 & Over	99.0	-----			
Transportation	No	Cerebrovascular	18.4	-----	----	RNs		13.3	
Referral Service	No	Diabetes	6.1	Gender	%	LPNs		2.6	
Other Services	Yes	Respiratory	3.1	-----	----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	24.5	Male	23.5	Aides, & Orderlies			
Mentally Ill	No		----	Female	76.5				
Provide Day Programming for			100.0		----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	1	1.5	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Skilled Care	13	100.0	389	67	98.5	110	0	0.0	0	17	100.0	133	0	0.0	0	0	0.0	0	97	99.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		68	100.0		0	0.0		17	100.0		0	0.0		0	0.0		98	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.8	Bathing	6.1	77.6	16.3	98
Other Nursing Homes	5.6	Dressing	11.2	70.4	18.4	98
Acute Care Hospitals	83.3	Transferring	19.4	60.2	20.4	98
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.4	59.2	21.4	98
Rehabilitation Hospitals	0.0	Eating	67.3	19.4	13.3	98
Other Locations	2.8	*****				
Total Number of Admissions	108	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.1	Receiving Respiratory Care		6.1
Private Home/No Home Health	21.6	Occ/Freq. Incontinent of Bladder	48.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	26.5	Occ/Freq. Incontinent of Bowel	20.4	Receiving Suctioning		0.0
Other Nursing Homes	2.9			Receiving Ostomy Care		3.1
Acute Care Hospitals	5.9	Mobility		Receiving Tube Feeding		1.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.1	Receiving Mechanically Altered Diets		36.7
Rehabilitation Hospitals	0.0					
Other Locations	6.9	Skin Care		Other Resident Characteristics		
Deaths	36.3	With Pressure Sores	4.1	Have Advance Directives		90.8
Total Number of Discharges		With Rashes	3.1	Medications		
(Including Deaths)	102			Receiving Psychoactive Drugs		55.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	84.6	1.16	88.0	1.11	88.1	1.11	87.4	1.12
Current Residents from In-County	96.9	75.5	1.28	72.9	1.33	69.7	1.39	76.7	1.26
Admissions from In-County, Still Residing	34.3	18.9	1.81	20.1	1.70	21.4	1.60	19.6	1.74
Admissions/Average Daily Census	111.3	152.9	0.73	129.5	0.86	109.6	1.02	141.3	0.79
Discharges/Average Daily Census	105.2	154.8	0.68	130.3	0.81	111.3	0.95	142.5	0.74
Discharges To Private Residence/Average Daily Census	50.5	63.8	0.79	52.2	0.97	42.9	1.18	61.6	0.82
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	99.0	93.7	1.06	94.2	1.05	93.1	1.06	87.8	1.13
Title 19 (Medicaid) Funded Residents	69.4	66.0	1.05	66.3	1.05	68.8	1.01	65.9	1.05
Private Pay Funded Residents	17.3	19.0	0.91	21.6	0.80	20.5	0.84	21.0	0.83
Developmentally Disabled Residents	1.0	0.5	2.03	0.5	1.87	0.5	2.04	6.5	0.16
Mentally Ill Residents	25.5	31.3	0.82	36.2	0.70	38.2	0.67	33.6	0.76
General Medical Service Residents	24.5	23.7	1.03	21.5	1.14	21.9	1.12	20.6	1.19
Impaired ADL (Mean)	46.9	48.4	0.97	48.4	0.97	48.0	0.98	49.4	0.95
Psychological Problems	55.1	50.1	1.10	53.4	1.03	54.9	1.00	57.4	0.96
Nursing Care Required (Mean)	6.8	6.6	1.03	6.9	0.98	7.3	0.93	7.3	0.92